## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000101588

1. Corporation Name

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90066 038 \*\*\*150.00

	U BLANC CORP.	Ma III.	_							
Principal Place		Mailing Address								
711 CASLER AVE 711 CASLER AVE CLEARWATER FL 34615 CLEARWATER FL 34615										
CLEARWATER FL 34615 CLEARWATER FL 34615						DO NOT WRITE	E IN THIS	SPACE		
						3. Date Incorporated or Qualifed				
	•					12/16/1996				!
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	ش کے جاتھے۔	Ap	plied For-	
21	26				، میشد.	59-3418812			t Applicable	
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22		27						Fee Re		
City & State	e ·	City & State				6. Election Campaign Financing		\$5.00	7	
23		28				Trust Fund Contribution	<del>-</del>	Added t	o Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current		ingible ∐Yes	ENO	
24	. 25		30			Personal Property Tax.  10. Name and Address of New Re			20140	
	9. Name and Address of Current	Registered Agent		81 N		10. Hamile and Address of the William	<u> </u>		_	
HAR	B, HAIFA						<del></del>			
	CASLER AVE			82 5	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
	ARWATER FL 34615			83						
	·			84 0	City		FL	85 Zip	Code	
								-1		
11. Pursuant office or ragent. I a						oration submits this statement for the p n's board of directors. I hereby accept	_	changing its itment as re	registered gistered	_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered			when reinstating)	DATE			(80
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered	Agent sig			DATE			11/08/
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered 13.	Agent sig		when reinstating)	DATE	D DIRECTO	RS IN 12	4 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA	and title if applicable. (NOTE	13. 1.1 TO	Agent sig	gnature required	when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE	13. 1.1 TO 1.2 NA 1.3 ST	Agent sig	gnature required	when reinstating)	DATE	D DIRECTO	RS IN 12	22E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA	and title if applicable. (NOTE	13. 1.1 TO 1.2 NA 1.3 ST	Agent sig TLE NME TY-ST-ZII	gnature required	when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE) DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent sig TLE VME REET ADI	gnature required	when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE) DIRECTORS	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CC 2.1 TO 2.2 NA	Agent sig FLE ME REET ADI TY-ST-ZII FLE	pnature required	when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE) DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent sig TLE VME REET ADI	portion required	when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE) DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent sig TLE WME TREET AD TLE TLE TREET AD TTY-ST-Z	portion required	when reinstating)	DATE	D DIRECTO	RS IN 12	_
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI	Agent sig	portion required	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition	_
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA	Agent sig	pnature required	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	Signature, typed or printed name of registered agent OFFICERS AND P HARB, HAIFA 711 CASLER AVE	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	Agent signal TLE TY-ST-ZII TLE TY-ST-ZI TLE TREET ADI TY-ST-ZI TLE TREET ADI TY-ST-ZI TLE	DRESS DRESS DRESS	when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

JA-SENATUAA; FAQAIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March - 2-99 (737)7 85-457